Image# 10931768063 107/297#210/130 17:20

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Ferson's (Other than Folitical Committees) including Qualified Nonprofit C	orporations
(a) Name of Individual, Organization or Corporation	
VOCES DE LA FRONTERA ACTION	
(b) Address (number and street)	
(c) City, State and ZIP Code	
MILWAUKEE WI 53204	3. FEC Identification Number
	C C90011826
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No	
Individual filers only Name of Employer	Decupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
varidary of real End ricport	
(b) Is this Report an amendment? Yes No X	
5. COVERING PERIOD: FROM 10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	1169.26
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Jeralyn Wendelberger	10/27/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report t	
14012. Oddinission of false, entriesus of incomplete information may subject the person signing this report is	.o and periations of 2 0.0.0 40/g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2/3
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES	FRONTERA	NOTION

Full Name (Last, First, Middle Initial) of Payee			Date
El Sol Broadcasting			M M / D D / Y Y Y Y
Mailing Address			1.0 26 2010
611 West National Ave, Suite 211			Amount
City	State	Zip Code	390.00
Milwaukee	WI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
Radio ad		Type	Senate X Senate
Name of Federal Candidate Supported or Opposed I	by Expenditure:	<u> </u> :	President District:
Russ Feingold			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		.00	2010 —
for Office Sought			Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Weber Printing			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
3048 N. 34th St.			Amount
City	State	Zip Code	129.36
Milwaukee	WI	53210	
Purpose of Expenditure		Category/	Office Sought: House State: WI
Literature - printing		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Opposed I	oy Expenditure:		President District.
Russ Feingold			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		.00	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Weber Printing			Date
			1 0
Mailing Address 3048 N. 34th St.			Amount
			107.36
City	State WI	Zip Code 53210	10/100
Milwaukee	VVI	53210 T	
Purpose of Expenditure Literature - printing		Category/	Office Sought: House State: WI
· -		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Opposed Russ Feingold	by Expenditure:		President
nuss i elligolu			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General 2010
for Office Sought		.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es		626.72
(b) SUBTOTALof Unitemized Independent Expendit	ures		
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line	; 1)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3/3
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VACEC	FRONTERA	$\Lambda \cap T \cap \Lambda$
VUL-5	LEKUNIEKA	AC, HCM

Full Name (Last, First, Middle Initial) of Payee		Date
volunteers - stipend canvass		M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		1.0 26 2010 Amount
		263.75
City State	Zip Code	203.73
Dura sa a of Europa ditura		
Purpose of Expenditure stipends to volunteers	Category/ Type	Office Sought: House State: WI
·		Senate X Senate President District:
Name of Federal Candidate Supported or Opposed by Expenditure Russ Feingold	9:	
Calendar Year-To-Date Per Election	.00	2010
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Voces de la Frontera/employees		M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		1 0 2 6 2 0 1 0 Amount
1027 S. 5th St.		147.54
City State Milwaukee WI	Zip Code	147.04
	53204	
Purpose of Expenditure Wage/salary	Category/ Type	Office Sought: House State: WI
		Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure Russ Feingold	9 :	Check One: X Support Oppose
-		
Calendar Year-To-Date Per Election	.00	
for Office Sought		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Canvass Consulting		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2165 N. 60th St.		Amount
		131.25
City State Milwaukee WI	Zip Code 53208	
Purpose of Expenditure		Office Sought: House Character WI
consultant	Category/ Type	State: VVI
Name of Federal Candidate Supported or Opposed by Expenditure		Senate Senate District: President
Russ Feingold		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	.00	2010
for Office Sought		Other (specify)
(a) CURTOTAL of Hamiltonian Indonesia and Funcional States		542.54
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		1169.26
(carry total from last page forward to Line 7)		